

CREDIT CARD AUTHORIZATION FORM

DATE: _____

PAYMENT FOR SERVICES RENDERED:

- TFF ORGANIZER
- TFF VENDOR
- TFF FARMERS MARKET
- TFF MOBILE SPECIAL EVENT
- WELL PERMIT
- DEMOLITION PERMIT
- NOISE VARIANCE PERMIT
- OTHER: _____
- APPLICATION FEE

NAME ON CREDIT CARD: _____

NAME OF BUSINESS: _____

NAME OF EVENT/LOCATION ADDRESS (IF APPLICABLE): _____

TYPE OF CARD:



ACCOUNT #: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

TOTAL CHARGED: _____

BY SIGNING THIS FORM YOU AUTHORIZE, LONG BEACH HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, TO CHARGE YOUR CREDIT CARD FOR THE AMOUNT LISTED ABOVE. SENSITIVE CREDIT CARD INFORMATION IS NOT KEPT ON FILE.

Print Name: _____

Signature: _____